

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
May 01 1996 8:00 am  
Secretary of State

**DOCUMENT # 712566 (9)**  
1. Corporation Name  
**TRUE VINE TRUE HOLINESS CHURCHES, INC.**

Principal Place of Business Mailing Address  
**3101-E LAKE AVENUE TAMPA FL 33610**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/11/1967</b>		3a. Date of Last Report <b>05/01/1995</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-2506977</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>SIMPSON, H. L.</b> <b>RT 1 BOX 84E</b> <b>SEFFNER FL 33584</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CM	<input type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT, CHAIRMAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ATKINS, LEROY			1.2 NAME	REV. H.L. SIMPSON	<u>Director</u>	
STREET ADDRESS	2018 E CLINTON ST			1.3 STREET ADDRESS	6643 SR 579		
CITY-ST-ZIP	TAMPA, FL 00000			1.4 CITY-ST-ZIP	SEFFNER, FLORIDA 33584	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	VICE CHAIRMAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLARKE, CHARLES			2.2 NAME	DEC. LEROY ATKINS	<u>Director</u>	
STREET ADDRESS	3101 E. LADY AVE			2.3 STREET ADDRESS	2018 E. CLINTON STREET		
CITY-ST-ZIP	TAMPA FL			2.4 CITY-ST-ZIP	TAMPA, FLORIDA 33610		
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARTIN, SAMUEL			3.2 NAME	DARRYL L. SIMPSON	<u>Director</u>	
STREET ADDRESS	SHADY LEOZ DR.			3.3 STREET ADDRESS	6643 SR 579		
CITY-ST-ZIP	VALRICO FL			3.4 CITY-ST-ZIP	SEFFNER, FLORIDA 33584	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, THADDEUS			4.2 NAME	DEACON JESSE J. BRINSON	<u>Director</u>	
STREET ADDRESS	10910 N 20 ST			4.3 STREET ADDRESS	4821 ASHLAND DRIVE		
CITY-ST-ZIP	TAMPA FL			4.4 CITY-ST-ZIP	TAMPA, FLORIDA 33610		
TITLE	VD	<input type="checkbox"/> DELETE		5.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMPSON, DARRYL			5.2 NAME	MIN. CHARLES CLARKE	<u>Director</u>	
STREET ADDRESS	RT. 1 BOX 84E N/A			5.3 STREET ADDRESS	15704 PONY PLACE		
CITY-ST-ZIP	SEFFNER FL			5.4 CITY-ST-ZIP	TAMPA, FLORIDA 33624	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME	DEACON THADDEUS WILLIAMS	<u>Director</u>	
STREET ADDRESS				6.3 STREET ADDRESS	5609 N 30th STREET		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	TAMPA, FLORIDA 33610	<u>By DEP 6/95</u>	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Leroy Atkins* DATE: 04/29/96 (813) 239-1019

CR2E037 (12/95)